

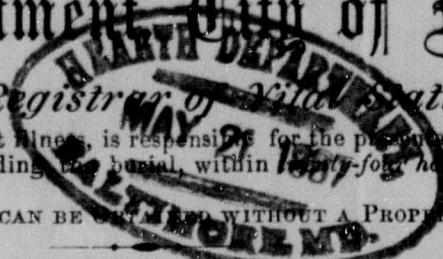
The Special Attention of Physicians is respectfully invited to the Remarks below, and to LIST of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 99902 Office of Registrar of Vital Statistics. Ward 7¹

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Vellenovsky

Sex, Male or Female, { Cross out the word 'not' required in this line. }

Age, 1 Years, 12 Months, 12 hours Days

White

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1607 Barnes St-

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1607 Barnes St

Cause of Death, { First (Primary), 7 months child Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 21, 1887.

{ Undertaker, Frank Brack

{ Place of Business, 827 N. Durham St

C. H. Scherer, M.D. Medical Attendant.

Address, 1006 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

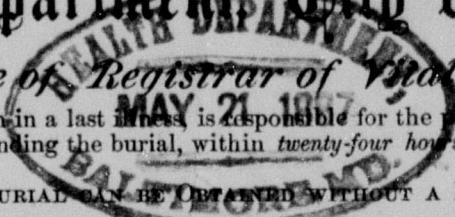
Permit No. 99903

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 19th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May 6. Hanson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, five years

Place of Death, { Give Street and Number. } 10120 Shakespeare St

Cause of Death, { First (Primary), Second (Immediate), }

Migrassmus

Duration of Last Sickness,

20th, 1887

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 21st May

{ Undertaker, Mr. Clark & Son M. D., Medical Attendant.

{ Place of Business, 92 P. Ann Address, 111 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department of Baltimore.

Permit No. 99904 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milton Campion.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 5 Months, 7 Days

Color, Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 207 S Bethel St

Cause of Death, { First (Primary), Acute Pneumonia
Second (Immediate), Convulsions - }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, May 21, 1887 A. V. Goswiler M. D.

{ Undertaker, W. Blotman, Jr. Medical Attendant.

{ Place of Business, 1709 S Lombard St Address, 233 S Ann St. -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99905 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1887

B

CERTIFICATE OF DEATH.

Date of Death, May 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel G. Hildt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Merchant & Manufacturer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore, Non resident

Place of Death, { Give street and Number. } 1720 Bolton St

Cause of Death, { First, (Primary). } Aphoplexy
 { Second, (Immediate). } Cosma & asthmic

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Inscarnowas Co Ohio

Date of Burial, May 22nd 1887 { M. D.,
 { Undertaker, Denny & Mitchell } W. H. Biffenbaffer
 { Place of Business, North Av & Clark St. } Address, 1421 Bolton St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

4682 Transit

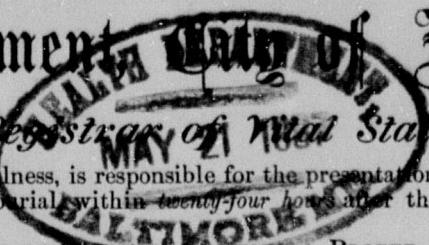
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department of Baltimore.

Permit No. 99906 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



111906

CERTIFICATE OF DEATH.

Date of Death,

May 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Germann J. Ellerbeck

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 47 Years, Months, Days

Color,

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation, Copper Smith

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, { Give Street and Number. } 23 St Frederick St.

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), }

Duration of Last Sickness, between one and two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 22 1887. H. H. White, M. D.

{ Undertaker, John Henegar Medical Attendant.

{ Place of Business, 2008 Orleans Address, 1101 St Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

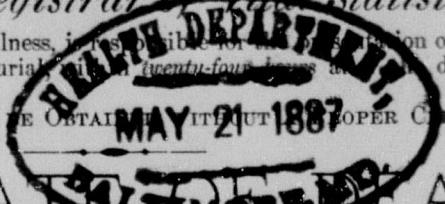
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99907 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A VITAL CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 20th 1887
Arthur Lowery

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 1 Years, Months, 27 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Baltimore
All his life

Place of Death, { Give Street and Number. }

107 W Randall St

Cause of Death, { First (Primary),
Second (Immediate), }

Miliary Tuberculosis

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 21

Undertaker, B. H. Hall

Herard C. M. D.
Medical Attendant.

Place of Business, 113 West St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

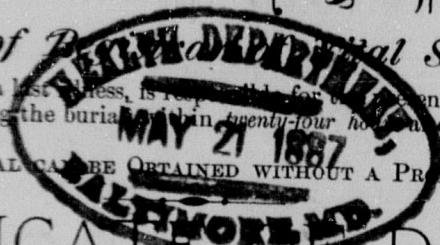
Health Department, City of Baltimore.

Permit No. 99908

Office of Vital Statistics. Ward 17

The Physician who attended any person in a last sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Day

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years, 3 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Painter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Da

Duration of Residence in the City of Baltimore, 8 yr 8 mo

Place of Death, { Give Street and Number. } 172atty av

Cause of Death, { First (Primary), Albuminuria
Second (Immediate), Gout & Dilatation

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 22

{ Undertaker, B. H. Hale }

H. C. H. M. D.

Medical Attendant.

Place of Business, 115 West Street Address, 207 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99909

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the compilation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~MAY twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

~~NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

CERTIFICATE OF DEATH.

Date of Death,

May 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eleneva Mercer

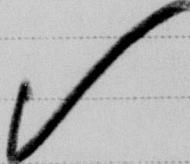
Sex, Male or Female, { Cross out the word not required in this line. }

Hed

Age, 19 Years, 8 Months,

Days.

Color,



Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore M^o

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Dairy Life

Duration of Residence in the City of Baltimore,

1467 Towson st

Place of Death, { Give Street and Number. }

Acute Metritis

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician

Place of Burial, Laurelton Park

Oct. 6th 1887

Date of Burial, May 22

M. D.

{ Undertaker, B. Hulse,

Medical Attendant.

{ Place of Business, 1150 West

Address,

104 Fort St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 99910

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Friday May 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Roast Cole Geo. H)

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 76 Years,

6 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Retired Seal Captain

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number. }

719 N. Ann St.

Cause of Death, { First (Primary),

Chronic & Epileptic with Dilated Heart

Second (Immediate), Unconscious Coma, Exhaustion

Duration of Last Sickness,

Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22

Undertaker, Wm J Schaeffer

Place of Business, 8 S. Front St

Wilmer Brinton

M. D.

Medical Attendant.

Address, Chase St & Tomal Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99911 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, shall present this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

May 20th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Wissman

Male

Sex, Male or Female, { Cross out the word not required in this line. }

Years,

30 Months, m Days,

Age,

White

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Frickster.

Birthplace, { State or country, and now long in the United States, if of foreign birth. }

Balto. Md -

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and Number. }

324 S. Wolf St

First, (Primary).

Cause of Death, { Second, (Immediate). }

Brain Softening -
nearly two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

G. J. Shill, M. D.

Date of Burial, May 22 - 87

Medical Attendant.

Undertaker, Leonard Kuhl

700 S. Broadway

Place of Business, 218, S. Charles St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Draw. 4683